

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

State Health Insurance Assistance Program Outreach  
(SHIP)

**STATUTORY AUTHORITY:**

Public Law 101-508, Section 4360  
Omnibus Reconciliation Act of 1990

**GRANT PROGRAM NO.** 12-116-HIM

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Develop and implement a plan to provide education, outreach and counseling assistance to minority, disabled and/or low income individuals eligible for Medicare. Information to be provided includes obtaining benefits from Medicare, Medicare Advantage, Part D Drug Plans, Medicare supplement insurance and Medicare Savings Programs. Assistance to be provided will also include help to resolve enrollment and claims problems with Medicare Parts A, B, C and D, and other health insurance and assistance programs that works with Medicare.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants of up to \$30,000 each will be awarded to up to four separate agencies.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local, regional and state-wide organizations including: community-based non-profit organizations, public agencies, hospitals, FQHCs, and faith-based organizations. Organizations whose primary mission is serving individuals with disabilities, or individuals from minority population groups or have the capacity to deliver the program in languages other than English will receive priority for funding.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must demonstrate a history of their ability to provide effective, culturally competent, and linguistically appropriate health and social service-related outreach and counseling services to the target community(ies): individuals with disabilities, individuals from minority population groups and/or individuals with low incomes. Applicants with bi-lingual staff will receive priority. Staff assigned to counseling under this grant must have daily access to a computer with internet and email service; must be able to travel to Trenton area for bi-annual meeting of grantees; must be able to travel to five (5)- day required training on Medicare to be held in north, central or southern part of New Jersey; must collect and report outreach and counseling data on monthly basis.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Mary McGearry

State Health Insurance Assistance Program  
NJ Department of Health & Senior Services  
PO Box 807  
Trenton, NJ 08625-0807

**TELEPHONE:** 609-943-3491

**FAX:** 609-943-4669

**E-MAIL:** [mary.mcgeary@doh.state.nj.us](mailto:mary.mcgeary@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 20, 2012

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

May 1, 2012

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